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Bib Data Sheet

CONFIRMATION NO. 6187

SERIAL NUMBER 09/755,231	FILING DATE 01/08/2001 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO.	
APPLICANTS Oral Fatih Sekendur, Chicago, IL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
ADDRESS ORAL SEKENDUR 399 W. FULLERTON PKWY CHICAGO ,IL 60614					
TITLE One-piece disposable dental articulator					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		